The POLICY Project

HIV/AIDS TOOLKIT

MEASURING POLITICAL COMMITMENT

AUGUST 2000

Building Political Commitment for Effective HIV/AIDS Policies and Programs

TOOLKIT OVERVIEW

The Joint United Nations Programme on HIV/AIDS (UNAIDS) recently released its *Report on the Global HIV/AIDS Epidemic, June 2000*, a state-of-the-art commentary on the status of the HIV/AIDS epidemic in the world. The statistics for sub-Saharan Africa remain grim. At the end of 1999, 34.3 million people were HIV-infected throughout the world, 24.5 million of whom were sub-Saharan Africans. About 5.4 million persons became newly infected in 1999, more than 4 million of whom were sub-Saharan Africans. The large majority of the 1.3 million children who are infected are African children.

But the UNAIDS report offered hope as well. It noted that enough world experience exists to know that it is possible to mount an effective national response to limit the spread of HIV and mitigate the effects of the epidemic. While cautioning that no universal blueprint exists, the report drew on some of the common features of effective national responses. Political will and leadership were first on the list. "Effective responses are characterized by political commitment from community leadership up to a country's highest political level," UNAIDS declared.

What is political commitment and why is it so important? Is it possible to take conscious actions to build political commitment as a key step in combating HIV/AIDS in sub-Saharan Africa? Are there blueprints or approaches that have proven to be effective? The toolkit considers these questions and offers some discussion and guidelines for activists determined to increase political commitment for effective HIV/AIDS policies and programs. Although this toolkit focuses on sub-Saharan Africa, many of the principles and approaches discussed also will be relevant to other regions of the world.

The Main Components of the Toolkit

Building Political Commitment

This component is the introduction to the toolkit. It discusses the nature of political commitment and why it is so important to efforts to combat the HIV/AIDS epidemic. It offers a set of questions to assist potential toolkit users in getting a quick idea whether political commitment issues are of importance in their own country.

Building political commitment for an effective national response to HIV/AIDS is as much an art as a science. This toolkit is intended to be expanded and updated as required based on feedback from users - so comments and suggestions are welcome.

Measuring Political Commitment

One of the important values of this toolkit is that it describes ways to measure political commitment through both individual and comprehensive indicators. By using these kinds of measurement tools over time, it is possible to get a sense of whether the level of political commitment to effective HIV/AIDS responses is changing over time.

The AIDS Impact Model (AIM) Approach

The AIM approach has been one of the effective tools used to build political commitment in a number of sub-Saharan countries in recent years. This component includes discussion of the AIM approach with a step-by-step description of an AIM application. It gives examples of country use and tells how to obtain the AIM computer model and sample AIM books.

Building Political Commitment at Subnational Levels

Many countries in the region have or are in the process of decentralizing many government functions. In these countries, it is critically important that districts develop and implement strong HIV/AIDS programs. This component discusses approaches that can be used to develop political commitment at the district level.

Building Political Commitment Through Broadening Participation in the Policy Process

The more that interested actors from the government, the private sector, civil society, and the communities can be engaged in policy dialogue, planning, and evaluation, the greater the chances for an effective response to the epidemic. This component describes different approaches for enhancing the participation of all sectors.

Measuring Political Commitment

INTRODUCTION

Effective responses to the AIDS epidemic require the support and involvement of leaders from all levels and sectors of society. The creation of a supportive environment for HIV/AIDS programs involves not only the formulation of appropriate policies and the allocation of resources but also the mobilization of a broad political consensus that such programs are necessary for the well-being of society. Political support is defined broadly to include much more than just senior government leaders and civil servants. Political commitment implies the support of a broad range of civil and community leaders, at all levels of society. This includes the public sector, the private sector, nongovernmental organization (NGO) leaders, religious leaders, and other influential citizens at national and local levels. Leaders are the role models in society: it is not only their votes but also their personal actions and behavior that send strong signals about what is important. This toolkit provides detailed information on how to build political commitment among leaders for effective HIV/AIDS programs. This particular component of the toolkit focuses on measuring political commitment. It is intended to be used in combination with the other components in an integrated effort to build political commitment.

Summary of Approaches to Measuring Political Commitment

Political commitment is necessary to develop and sustain an effective response to the HIV/AIDS epidemic. Measures of political commitment are needed in order to assess current levels, understand where commitment is strongest and weakest, and track changes over time.

Several approaches to measuring political commitment have been suggested.

1 The most direct approach is to measure statements made by leaders. This usually entails counting the number of positive statements made by national leaders as reported in national newspapers. Although this often seems like a useful indicator of commitment, it suffers from several problems. For example, the number of statements often is related more to special events, such as World AIDS Day or the discovery of a new drug, than to commitment. Also, leaders may support programs verbally but then fail to follow through with action. For this and other reasons, this indicator has been used rarely.

2 A second approach is to track quantifiable indicators of actions that result from political commitment. These might include such items as the existence of a national policy, strategic plan, or highly placed government program. Although such items are easy to track, they provide little information about the quality of the policy, plan, or program. A better indicator is funding for HIV/AIDS programs. High levels of national funding can result only when the political commitments exist to make HIV/AIDS a priority program for scarce national resources. Funding can be tracked over time and compared across countries if converted to a per capita basis and compared to a standard metric such as gross domestic product per capita. Funding information can be difficult to collect, however. Funding for HIV/AIDS is often combined with other health accounts. It can be difficult to determine the HIV/AIDS proportion of such items as salary costs, facilities, drugs, etc. within national health expenditures.

3 A third approach is to use a composite indicator that attempts to measure all the aspects of political commitment by using the judgments provided by a panel of well-informed individuals. One such indicator is the AIDS Program Effort Index (API). This index relies on 20 to 25 national respondents to provide judgments about items grouped into 9 components of program effort. The entire effort index can be used to assess political commitment, or just the component on political support can be used. This index has been applied to 40 countries in 2000. The data from that application as well as the questionnaire and consultant's guide used to implement it are available to guide new applications. The API requires several weeks of effort to implement, but it provides a profile of effort across several components. Since it relies on the judgments of the chosen respondents, there may be considerable variation in the responses, which can make it difficult to track trends over time.

Measuring Political Commitment:
How is it done and What is its use?

Political commitment is crucial to the successful implementation of programs to slow the spread of HIV and address the consequences of the epidemic. This toolkit contains different components describing activities that can enhance commitment. The subject of this component is measuring political commitment. There are several reasons to measure political commitment:

1 To understand whether current levels of commitment are adequate or not

2 To indicate the areas where commitment may be strong and areas where it may be weak

3 To measure the amount of change in political commitment in order to understand trends and whether activities have had an impact

This component presents several different approaches to measuring political commitment and provides references to materials that can be used to measure it in particular countries or subnational regions.

Methodology

Political commitment is a concept that cannot be measured easily through data that are collected routinely. Commitment is also multidimensional and, therefore, cannot be measured through a single quantitative indicator. It might be possible to measure commitment directly if leaders were willing to submit to regular interviews about their level of understanding and support for HIV/AIDS programs. Even in this case, however, there would be doubts about the sincerity of the answers. As a result, political commitment is measured indirectly by examining the statements, policies, and actions of leaders. It can be measured by what leaders say about HIV/AIDS or by what they actually do.

Various levels of political commitment are possible. Leaders who speak out publicly about the importance of HIV/AIDS are expressing a commitment to the issue and creating a climate that encourages solutions. But for an effective response, it is also necessary for leaders to establish enabling policies, propose and support programs, provide funding, appoint good people to key positions, demand accountability, and participate in regular program reviews and evaluations.

Political commitment might be gauged by measuring any or all of these aspects. In practice, three different approaches have been proposed: (1) those that examine the statements of leaders, (2) those that look at quantitative indicators of key program elements that are influenced by commitment, and (3) composite indicators that measure the various components of political commitment.

Statements by leaders

The most direct approach is to measure statements made by leaders. This usually entails counting the number of positive statements made by national leaders as reported in national newspapers. Although this often seems like a useful indicator of commitment, it suffers from several problems. For example, the number of statements often is related more to special events, such as World AIDS Day or the discovery of a new drug, than to commitment. Also, leaders may support programs verbally but then fail to follow through with action. For this and other reasons, this indicator has been used rarely.

The Measure: EVALUATION Project tested this indicator in Kenya, Tanzania, and Zimbabwe by reviewing articles in national newspapers over the past 10 years. Articles were coded as positive, negative, or neutral for several issues including political commitment, human rights, and stigma. The results showed no clear trends. The researchers concluded that this type of analysis is not useful for assessing political commitment (Boerma, 2000).

Quantitative indicators

Although it may be difficult to measure political commitment directly, it is possible to measure the consequences of commitment. To do this, one must first describe what he or she expects to see in a country with a high level of political commitment. Among these would be

- A supportive national HIV/AIDS policy

- A Strategic Plan

- A National AIDS Control Program that is highly placed within the government structure

- A comprehensive program that addresses all key aspects of prevention, care, and mitigation

- A comprehensive research program

- Adequate funding

- Sustained monitoring and evaluation

One approach to measuring political commitment is to determine whether or not these characteristics exist. Does the country have a national HIV/AIDS policy? Does it have a Strategic Plan? Does it have an HIV/AIDS Control Program? The advantages of indicators like these are that they are quantifiable and easy to measure. The disadvantage is that they do not contain enough information to be really useful. The mere existence of a policy does not tell much. The policy might be weak or contain many negative elements. A strategic plan could be the result of an intensive planning process with participation from all key sectors, or it could be the result of a 1-day workshop.

One indicator that avoids most of these problems is per capita spending on HIV programs. The level of spending provides more information than just a yes/no indicator about the existence of a policy. It is usually considered to be an excellent indicator of political commitment since it requires action by both the executive and legislative branches of government. It is a good indicator of the priority given to HIV/AIDS since funding decisions require a government to decide how much of scarce resources should be allocated to each particular issue.

Funding for HIV/AIDS programs can come from both national and international sources. Although grants from bilateral and international donors require some governmental

commitment, they do not demonstrate commitment as well as the allocation of national funds. Therefore, this indicator is usually restricted to national funds and international loans. Loans are included because they entail a commitment of national resources for repayment.

It may be appropriate to measure HIV/AIDS funding for all activities or for only some activities. Ideally, one would want to include funding for prevention, research, care and support, and mitigation. Some practitioners recommend limiting this indicator to funding on prevention programs only (USAID, 2000). It is usually easier to measure funding for prevention because it often shows up as separate line items in budgets for the National AIDS Control Program. Funding for care is often contained within operating budgets of the Ministry of Health (MOH) within such line items as personnel, equipment, facilities, and supplies. As a result, it can be very difficult to determine the amount actually spent on care. Prevention funds often are easier to track, but since they are largely donor-funded in many countries, they may not present an accurate picture of commitment. National governments may allocate more funding for care since they know that donor funds will be available for prevention.

In spite of these problems, this remains a good indicator. It is a quantitative measure that can be tracked over time. Higher levels of per capita funding clearly indicate greater commitment. The indicator can be compared across countries by converting it to a percentage of gross domestic product per capita.

Information on spending may be available from government expenditure reports. Although information

on budgeted resources often is easier to collect, it is not recommended for this indicator since actual expenditures can differ substantially from budgetary allocations.

Several organizations have attempted to measure AIDS spending across a number of countries. UNAIDS estimated the national and international resource flows for 64 countries for 1996 to 1997 (UNAIDS & Harvard School of Public Health, 1999). This report has useful information on the process of collecting such data and presents data for 1996 to 1997. However, this study is not continuing to collect future expenditures.

Donald Shepard and colleagues developed estimates of HIV resources for 1994 or 1995 in Brazil, Côte d'Ivoire, Mexico, Tanzania, and Thailand (Shepard, 1998). These studies also represent estimates for a single point in time. These reports are particularly useful for the methodologies used to estimate funding levels.

With support from the United Nations Population Fund (UNFPA), the Netherlands Interdisciplinary Demographic Institute (NIDI) collects information on annual spending for reproductive health programs. HIV/AIDS is only one component of the information collected, but it is reported separately. The numbers are crude since they rely on questionnaires sent to national governments, but this effort does produce national and global numbers over time. Information is available from their Website at www.nidi.nl.

Composite indicators

The major disadvantage to the quantitative indicators presented above is that they measure only one part of political commitment. They do not give a comprehensive picture but focus instead on those aspects of political commitment that are easy to measure. The amount of funds devoted to HIV/AIDS can be tracked but not how well it is spent. Whether a policy or strategic plan exists can be answered but not how good it is. Composite indicators are intended to address these limitations by assessing all aspects of political commitment. A composite indicator, called the Policy Environment Score, was developed in 1996 by the POLICY Project to provide a comprehensive measure of the degree to which the policy environment supports effective HIV/AIDS programs. The Policy Environment Score was used in Central America under the Proyecto Accion SIDA de Centroamerica (PASCA) Project (Nuñez, Murgueytio, & Stover, 1999) and the POLICY Project. The POLICY Project, in collaboration with UNAIDS, later expanded it into the AIDS Program Effort Index (API).

The purpose of the API is to measure the amount of effort put into national HIV/AIDS programs by domestic institutions and by international organizations. It can be used to describe the level of effort, profile where effort is strongest and weakest, and provide an independent input measure of efforts to understand the impact of program effort and social, political, and economic context on HIV outcomes.

The figure on the next page shows the conceptual framework for the relationship between HIV/AIDS program effort and desired outcomes. This framework is adapted from a
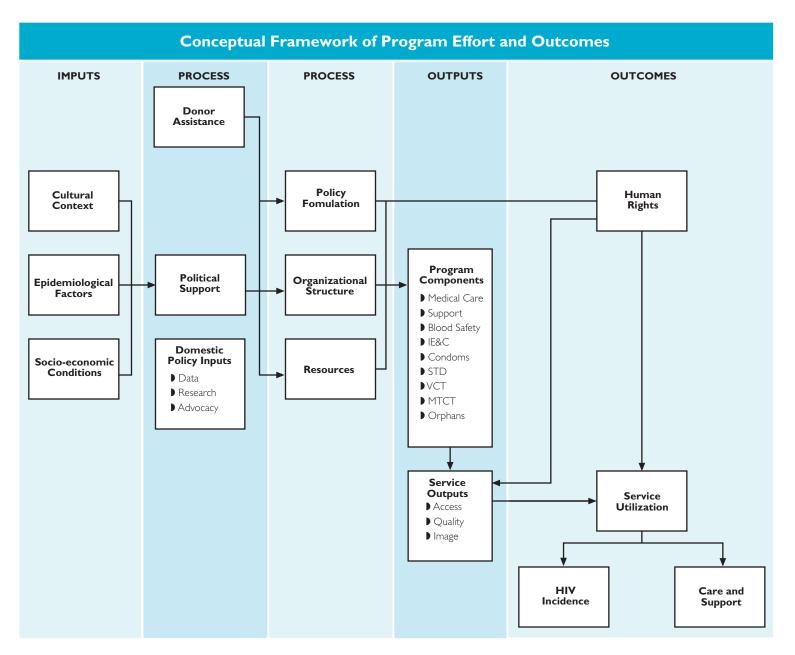
similar framework developed for family planning by Dr. Amy Tsui and others under the EVALUATION Project (Bertrand, Magnani, & Knowles, 1994).

The inputs are the various social, cultural, economic, and epidemiological factors that define the context of the national response to the HIV/AIDS epidemic. These factors may have a powerful influence on the epidemic and the response to it but are outside the control of the program. The political response is influenced by these outside factors and also by various domestic efforts to define the extent and nature of the epidemic (through data collection), understand the effects of programs to combat the epidemic (through research), and influence policymakers in certain directions (through advocacy and awareness-raising efforts of domestic governmental and non-governmental groups). Donor activities in policy dialogue and research also may influence the amount and type of political support for HIV/AIDS programs.

Political commitment determines the way the response will be organized. This includes the development and implementation of national and operational policies, the structure of the program, and the amount of funding and human resources that are devoted to it. These factors determine the program components, which lead directly to service outputs

Conceptual Framework of Program Effort and Outcomes

Categories of Respondents				
Government Officials	Nongovernmental Organizations (NGOs)	Private Sector	Donors	Civil Society
AIDS Control Program	AIDS service organizations	Chamber of commerce	UNAIDS	Religious organizations
Ministry of Health	NGOs representing persons living with HIV/AIDS	Large commercial enterprises	UNAIDS co-sponsors	Universities
Military	Human rights organizations	Unions	USAID,DIFD, EU, other donors	Medical associations
Social security administration	Advocacy organizations		Representatives of large donor projects	Journalists

(access, quality, and image). To the extent that these services are utilized by the population, the program will have an effect on reducing HIV incidence and improving the quality and amount of care and support services provided to people living with HIV/AIDS and their families.

Policy formulation directly affects the human rights situation through formal policies, laws and regulations, and the environment within which these laws are implemented. Protection of the human rights of people affected by HIV/AIDS is a desired outcome in itself. The human rights environment also may affect service outputs and utilization.

The API is intended to measure the effort put into HIV prevention and care. It does not measure the socioeconomic context of the epidemic and response or the outcomes. Therefore, the API includes all those items contained in the conceptual framework under Process and Outputs. Human Rights is included also even though it is an outcome because it also influences Service Outputs and Service Utilization.

The API is a composite indicator composed of a number of individual items grouped into key categories.

Each item is scored on a scale of 0 to 5 by knowledgeable individuals. The item scores are averaged for each category to produce a category score that does not depend on the number of items in the category. The category scores form a profile describing the program effort of each country. The category scores are the primary indicators; however, they can be averaged to produce a total score for summary purposes.

Judgments are provided by 15 to 25 people in each country. Respondents are selected from a variety of backgrounds including those shown in the table above.

Two to four individuals with a good understanding of the functioning of the national program are identified from each major group.

One of the purposes of the API is to measure change. Therefore, the participants are asked to rate each item twice—once for the current situation and once for the situation 2 years ago.

The questionnaire contains 100 individual items grouped into 9 policy and program components:

- Political support
- Policy formulation
- Organizational structure
- Program resources
- Evaluation, monitoring, and research
- Legal and regulatory environment
- Human rights
- Prevention programs
- Care programs

Details on the composition of the API including the questionnaire and a detailed guide to implementing it (in English, French, Spanish, Portuguese, and Russian) can be found on the Website of The Futures Group International at www.tfgi.com/api.asp.

Political Support

The API includes nine components, one of which is political support. This component could be used by itself to measure political support directly. It is composed of seven items:

1 High-level national government support exists for effective policies and programs.

2 Public opinion supports effective programs and policies.

3 Top government civil servants outside of the MOH recognize AIDS/STDs as a priority problem.

4 Major religious organizations support effective policies and programs.

5 Private sector leaders support effective policies and programs.

6 There are local activities to build support for effective AIDS programs aimed at high-level political and community leaders.

7 There is awareness among policy-makers that improving women's social and economic status is important to AIDS prevention.

However, in most cases it will be better to use the entire API. This will include not only the direct measure of political support provided by the first component but also the other components that show how political support is translated into concrete decisions. This provides a more complete picture of political commitment.

The API has been implemented for 40 countries in 2000. For these countries, this could serve as a base line against which future applications could be compared. In some cases, it might be useful to repeat only a portion of the API by applying just the components or items of particular interest.

The API can be applied in most settings with a few weeks of effort. It provides a useful profile of effort across a number of components. The disadvantage to the API is that it is based on the judgments of respondents. As a result, the exact score depends to some extent on the selection of respondents. There is generally a large variation in responses across respondents, which can make it difficult to detect trends over time.

Each respondent is asked to score each item for two points in time: the current year and 2 years ago. As a result, a typical API application can

provide information on the change in effort over time. Human nature probably biases respondents to over-estimate the amount of improvement. However, this bias can be removed in the final analysis. Experience to date with overlapping estimates from about 10 countries indicates that retrospective judg-ments may overestimate by about 15 percent.

Major Steps to Complete an API Application

1 *Identify the respondents.* Identify 15 to 25 people who are knowledgeable about the HIV/AIDS program in your country according to the categories of people listed above. Try to get at least two respon-dents from each category.

2 *Contact the respondents.* Contact each respondent to describe the project and request his or her assistance.

3 *Deliver the questionnaires.* Make copies of the ques-tionnaire, and deliver one to each respondent. Agree to have the completed questionnaires returned by a certain date.

4 *Complete the questionnaires.*

- Most respondents should be able to complete the questionnaire on their own; however, some may require assistance to help them understand certain items. In a few cases, it may be best to interview the respondents to get the responses to the questionnaire.

- It is acceptable for two or more respondents to work together on the questionnaire. In those cases, please make sure that the names of all respondents appear on the cover sheet to the questionnaire.

- Respondents should answer only those items about which they have some knowledge. They should skip any items or sections they cannot answer.

- All responses are strictly confiden-tial. Answers from individuals are pooled with 15 to 25 other respondents for your country to calculate the country scores. No answers or comments are attrib-uted to any specific individuals.

5 *Collect and copy the completed questionnaires.* Collect all the completed questionnaires within as short a time as possible. Make a copy of each questionnaire as you receive it, and place it in a separate place to guard against loss.

6 *Analyze the results.* Enter the responses into a computer for analysis. An Excel spreadsheet for this purpose is available from the POLICY Project.

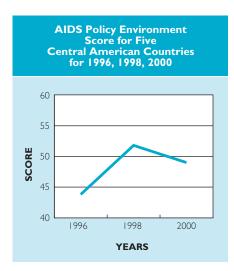**7** *Prepare the report.* Prepare a final report with the analysis of the findings.

8 *Disseminate the results.* Convene a meeting of all key players to report on the results and discuss the implications.

Applications

HIV/AIDS funding

Data on HIV/AIDS funding have been collected for a single point in time for a number of countries. The effort by Shepard and colleagues is the most complete published study. The global analysis by UNAIDS and Harvard School of Public Health is the most complete set of cross-national data available (1999). The estimated level of national funding per HIV-positive person is shown for countries in sub-Saharan Africa in the table on page 11.

These studies provide information for only a single point in time. The effort to collect information on funding for reproductive health pro-grams undertaken by NIDI and UNFPA is an ongoing effort, but country-level data have been pub-lished so far only for 1 year.

**AIDS Policy Environment
Score for Five
Central American Countries
for 1996, 1998, 2000**

AIDS Program Effort Index (API)

The AIDS Policy Environment Score (a predecessor to API) has been applied in three rounds (1996, 1998, and 2000) in five Central American countries to estimate the level and change of the policy environment. The score was implemented by local consultants in each country. The consultants identified 20 to 25 respondents according to the guidelines about background. Each respondent completed the questionnaire and returned it to the consultant. The data were analyzed in an Excel spreadsheet to calculate the total score and the score for each component. The average score for all five countries increased significantly from 44 in 1996 to 52 in 1998 and then declined slightly to 49 by 2000 as shown in the graph above. A full report is available in Nuñez et al. (1999).

The AIDS Program Effort Index was applied in 40 countries in 2000. National consultants in each country used the guidebook (available on the Internet at www.tfgi.com/api.asp) to implement the API. The results are available in the final report (Stover, Rehnstrom, & Schwartlander, 2000) and on the Internet. For the compo-nent of political support only, the scores from these 40 countries range from 35 to 71 out of 100.

The full profile for all components is shown by region in the first graph on page 12. Most countries scored well on some components (legal and regulatory environment, human rights, policy formulation, and organization), less well on others (political support, evaluation, and prevention), and very poorly on resources and care.

The estimated change in scores from 1998 to 2000 is shown by component in the second graph on page 12. Respondents reported large improvements in political support and policy formulation in all regions, particularly in eastern and southern Africa, and smaller improvements in the other components.

Conclusion

Political commitment can be measured by several different approaches. None of them are perfect. The quantitative measures look at only one manifestation of commitment, while the more comprehensive measures rely on judgement. The amount of national resources committed to HIV/AIDS programs would be a good indicator if such information were readily available. The AIDS Program Effort Index is a comprehensive measure that shows much promise, but more experience with it is needed before we will know how well it can be used to compare commitment across countries.

**Country-Reported HIV/AIDS
National Funding at Current
Prices and Exchange Rates (US$),
1996, by Estimated HIV-Positive
Population**
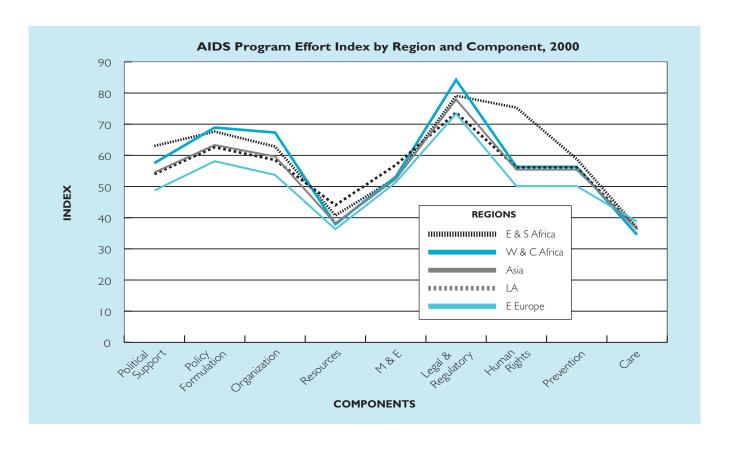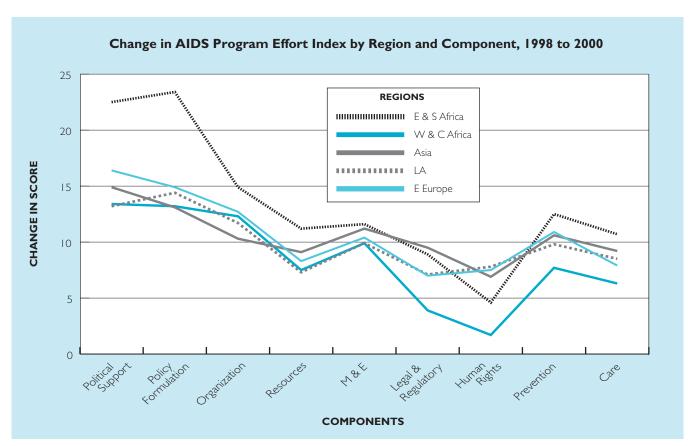
Country	National Funds per HIV-Postive Person in US Dollars, 1999
Angola	0.00
Botswana	14.27
Burkina Faso	0.00
Central African Republic	1.62
Chad	3.19
Cote d'Ivoire	1.04
Democratic Republic of Congo	0.00
Ethiopia	0.04
Ghana	0.08
Kenya	2.21
Madagascar	0.00
Malawi	1.58
Mauritania	3.51
Mauritius	109.45
Mali	0.80
Mozambique	0.00
Namibia	2.90
Nigeria	0.00
Rwanda	0.00
Senegal	4.67
Sudan	1.07
United Republic of Tanzania	0.02
Uganda	2.73
Zambia	0.25
Zimbabwe	0.03

Source: UNAIDS, 1999.

AIDS Program Effort Index by Region and Component, 2000

Change in AIDS Program Effort Index by Region and Component, 1998 to 2000

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Boerma, Ties. Personal communication with Ties Boerma, Director of the Measure: EVALUATION Project at the Carolina Population Center, University of North Carolina at Chapel Hill: 2000.

Nuñez, Cesar A., Patricio Murgueytio, and John Stover. *The AIDS Policy Environment Score: Measuring the Degree to Which the Policy Environment in Central America Supports Effective Policies and Programs for HIV/AIDS Prevention, Treatment and Care: 1998 Follow-up Results.* Glastonbury, CT: The Futures Group International, 1999.

Shepard, Donald S. "Levels and determinants of expenditures on HIV/AIDS in five developing countries" in Martha Ainsworth, Lieve Fransen and Mead Over (eds.) *Confronting AIDS: Evidence from the Developing World.* Brussels: European Commission, 1998.

Stover, John, Joel Rehnstrom, and Bernhard Schwartlander. *Measuring the Level of Effort in the National and International Response to HIV/AIDS: The AIDS Program Effort Index (API).* Glastonbury, CT: The Futures Group International, 2000.

The Joint United Nations Programme on HIV/AIDS (UNAIDS). *Report on the Global HIV/AIDS Epidemic, June 2000.* Geneva: UNAIDS, 2000

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and Harvard School of Public Health. *Level and Flow of National and International Resources for the Response to HIV/AIDS, 1996-1997.* Geneva: UNAIDS, 1999.

USAID. *Handbook of Indicators for HIV/AIDS/STI Programs: First Edition.* Washington, DC: USAID, March 2000.

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Resources

1. Reports of studies to estimate national expenditures on HIV/AIDS:

Martha Ainsworth, Lieve Fransen, and Mead Over (eds.) *Confronting AIDS: Evidence from the Developing World.* Brussels: European Commission, 1998.

See the following chapters:

Shepard, Donald S. "Levels and determinants of expenditures on HIV/AIDS in five developing countries."

Koné, Tiekoura, Adéle Silué, Justine Agness'Soumahora, Richard N. Bail, and Donald S. Shepard. "Expenditures on AIDS in Cote d'Ivoire."

Izazola, José Antonio, Jorge Saavedra, Jeffery Prottos, and Donald S. Shepard. "Expenditures on the treatment and prevention of HIV/AIDS in Mexico."

Lunes, Roberto, Antonio C. C. Campino, Jeffrey Prottos, and Donald S. Shepard. "Expenditures on HIV/AIDS in the state of Sao Paulo, Brazil."

Tibandebage, Paula, Samuel Wangwe, Phare Mujinja, Richard N. Bail, and Donald S. Shepard. "Expenditures on HIV/AIDS in Tanzania."

Kongsin, Sukhonta, Charles S.M. Cameron, Laksami Suebsaeng, and Donald S. Shepard. "Levels and determinants of expenditure on HIV/AIDS in Thailand."

2. Cross-national data on resource flows

UNAIDS and Harvard School of Public Health. *Level and Flow of National and International Resources for the Response to HIV/AIDS, 1996-1997.* Geneva: UNAIDS, 1999.

Website of the Netherlands Interdisciplinary Demographic Institute containing reports on international and national expenditures on reproductive health including HIV/AIDS at http://www.nidi.nl/resflows/reports.html

3. Reports and guides for the AIDS Program Effort Index

Stover, John, Joel Rehnstrom, and Bernhard Schwartlander. *Measuring the Level of Effort in the National and International Response to HIV/AIDS: The AIDS Program Effort Index (API).* Glastonbury, CT: The Futures Group International, 2000.

Stover, John. *AIDS Program Effort Index (API) Consultant Guidebook.* Glastonbury, CT: The Futures Group International, 2000.

The Futures Group International. *The AIDS Program Effort Index (API): Questionnaire.* Glastonbury, CT: The Futures Group International, 2000.

These documents are available on the Website of The Futures Group International at http://www.tfgi.com/api.asp. The guidebook and questionnaire are available in English, French, Spanish, Portuguese and Russian.

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Internet Resources

The POLICY Project
    http://www.policyproject.com

The FUTURES Group International
    http://www.tfgi.com

The Joint United Nations Programme on HIV/AIDS (UNAIDS)
    http://www.unaids.org

The World Bank, AIDS and Economics
    http://www.worldbank.org/aids-econ

International AIDS Economics Network
    http://www.iaen.org

Health Economics and HIV/AIDS Research Division
    University of Natal
    Durban, South Africa
    http://www.und.ac.za/und/heard

The Synergy Project
    http://www.synergyaids.com

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